

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2/1/2006	Applicant Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: San Luis Obispo County Flood Control and Water Conservation District		Organizational Unit: Department: Public Works Department	
Organizational DUNS: 7/14/04 ER1		Division: Accounting/Finance	
Address: Street: County Government Center, Room 207		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Luis Obispo		Prefix: Mrs.	First Name: Wendy
County: San Luis Obispo County		Middle Name M.	
State: CA		Last Name CrawfordHall	
Zip Code 93408	Suffix:		
Country: United States of America		Email: wcrawfordhall@co.slo.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
9 5 - 6 0 0 0 9 3 9

8. TYPE OF APPLICATION:  
☒ New    ☐ Continuation    ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)  
G  
Other (specify)

9. NAME OF FEDERAL AGENCY:  
USDA Rural Development, Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
1 0 - 7 6 6

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Cambria Flood Control Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
Cambria, San Luis Obispo, California

13. PROPOSED PROJECT  
 Start Date: June 2006    Ending Date: Spring 2007

14. CONGRESSIONAL DISTRICTS OF:  
 a. Applicant 22    b. Project 22

15. ESTIMATED FUNDING:

a. Federal	\$	364,069 <sup>00</sup>
b. Applicant	\$	683,265 <sup>00</sup>
c. State	\$	1,948,223 <sup>00</sup>
d. Local	\$	333,849 <sup>00</sup>
e. Other	\$	
f. Program Income	\$	14,841 <sup>00</sup>
g. TOTAL	\$	3,344,247 <sup>00</sup>

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  
 a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
 DATE:  
 b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
☐ Yes If "Yes" attach an explanation.    ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Noel	Middle Name R.
Last Name King		Suffix
b. Title Director of Public Works and Transportation		c. Telephone Number (give area code) 805-781-5252
d. Signature of Authorized Representative		e. Date Signed 2/1/06

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FEB 01 2006

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/31/2006	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646		Division: AIRPORTS		
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov Phone Number (give area code): (619) 956-4800 Fax Number (give area code): (619) 956-4801		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FALLBROOK COMMUNITY AIRPARK - DESIGN AND CONSTRUCT TRANSIENT AIRCRAFT PARKING APRON AND MODULAR TERMINAL BUILDING.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FALLBROOK, SAN DIEGO, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 48		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/01/06 (FAX) b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 1,140,000.00 b. Applicant \$ 3,000.00 c. State \$ 57,000.00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ 1,200,000.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Signature of Authorized Representative: <i>Peter Drinkwater</i> b. Title: DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code): (619) 956-4800 e. Date Signed: 01/31/2006				

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>2/3/06</u>	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: <u>Hill Country Community Clinic, Inc.</u>		Organizational Unit: Department:	<b>RECEIVED</b> FEB 02 2006
Organizational DUNS: <u>837590761</u>		Division:	STATE CLEARING HOUSE
Address: Street: <u>29632 Hwy 299 East, P.O. Box 228</u>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: <u>Round Mountain</u>		Prefix: <u>MS.</u>	First Name: <u>Lynn</u>
County: <u>Shasta</u>		Middle Name: <u>E.</u>	
State: <u>CA</u>		Last Name: <u>Dorroh</u>	
Zip Code: <u>96084</u>		Suffix:	
Country: <u>USA</u>		Email: <u>ldorroh@hillcountryclinic.org</u>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-2831597</u>		Phone Number (give area code) <u>530-337-6243</u>	Fax Number (give area code) <u>530-337-6655</u>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>O. Not for profit org.</u> Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: <u>USDA</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>USDA Rural Development Community Facility Program</u> <u>10-766</u> TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Hill Country Health and Wellness Center</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Census Tract 126.01, 117, 118, Shasta Co. CA</u>			
13. PROPOSED PROJECT Start Date: <u>July 1, 2006</u> Ending Date: <u>August 31, 2007</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>CA Congressional #2</u> b. Project <u>CA Congressional #2</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>2,662,000</u>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>February 2, 2006</u>	
b. Applicant	\$ <u>150,000</u>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ <u>250,000</u>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ (DBG) <u>100,000</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other <u>Solar Rebates</u>	\$ <u>Capital</u>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ <u>Campaign</u> <u>715,000</u>		
g. TOTAL	\$ <u>3,877,000</u>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix <u>MS.</u>	First Name <u>Lynn</u>	Middle Name <u>E.</u>	
Last Name <u>Dorroh</u>		Suffix	
b. Title <u>Executive Director</u>		c. Telephone Number (give area code) <u>530-337-6243</u>	
d. Signature of Authorized Representative <u>Lynn E Dorroh</u>		e. Date Signed <u>2/2/2006</u>	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> <div></div>	<b>Applicant Identifier</b> <div></div>
		<b>3. DATE RECEIVED BY STATE</b> <div></div>	<b>State Application Identifier</b> <div></div>
RECEIVED			
<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
* Legal Name: T.R.N.E.R.R. Tijuana Estuary		FEB 02 2006	
* Organizational DUNS: 137515354		Division: STATE CLEARING HOUSE	
<b>Address:</b>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
* Street1: 301 Caspian Way		Prefix: Mr. * First Name: Clay	
Street2:		Middle Name:	
* City: Imperial Beach County San Diego		* Last Name: Phillips	
* State: CA * Zip Code: 91932 * Country: USA		Suffix: * Email: cphillip@parks.ca.gov	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 69-0303606		* Phone Number (give area code) 619-575-3615 Fax Number (give area code) 619-575-6913	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		<b>7. * TYPE OF APPLICANT:</b> State Government	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 11.420 TITLE: Coastal Zone Management Estuarine Research Reserves		<b>9. * NAME OF FEDERAL AGENCY:</b> National Oceanic and Atmospheric Administration	
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Imperial Beach, San Diego County, California		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Tijuana River National Estuarine Research Reserve: Visitor Center Complex - Operations Building Expansion Phase 2 & Visitor Center Addition Windows and Doors	
<b>13. * PROPOSED PROJECT:</b>		<b>14. * CONGRESSIONAL DISTRICTS OF:</b>	
* Start Date 06/01/2006	* Ending Date 12/31/2006	* a. Applicant 53	* b. Project 53
<b>15. * ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
* a. Federal \$ 269,990.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 02/01/2006	
* b. Applicant \$ 0.00		b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
* c. State \$ 118,485.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* d. Local \$ 0.00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
* e. Other \$ 0.00		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
* f. Program Income \$ 0.00			
g. TOTAL \$			
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b> Prefix: Mr. * First Name: Clay Middle Name: Suffix: * Last Name: Phillips			
* b. Title: Reserve Manager * c. Telephone Number (give area code): 619-575-3615			
* Email: cphillip@parks.ca.gov Fax Number (give area code): 619-575-6913			
<b>d. Signature of Authorized Representative:</b>		<b>e. Date Signed:</b>	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <input type="text"/>	Applicant Identifier <input type="text"/>
		3. DATE RECEIVED BY STATE <input type="text"/>	State Application Identifier <input type="text"/>
5. APPLICANT INFORMATION			
* Legal Name: T.R.N.E.R.R. Tijuana Estuary		Organizational Unit: Department: <input type="text"/> Division: <input type="text"/>	
* Organizational DUNS: 137515354		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. <input type="text"/> * First Name: Clay Middle Name: <input type="text"/> * Last Name: Phillips Suffix: <input type="text"/> * Email: cphillip@parks.ca.gov	
Address: * Street1: 301 Caspian Way Street2: <input type="text"/> * City: Imperial Beach County San Diego * State: CA * Zip Code: 91932 * Country: USA		* Phone Number (give area code) 619-575-3615 Fax Number (give area code) 619-575-6913	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 69-0303606		7. * TYPE OF APPLICANT: State Government	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <input type="text"/>		9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11.420 TITLE: Coastal Zone Management Estuarine Research Reserves		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tijuana River National Estuarine Research Reserve Visitor Center Complex - Visitor Center Improvements	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial Beach, San Diego County, California			
13. * PROPOSED PROJECT: * Start Date 06/01/2006 * Ending Date 03/31/2007		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant 53 * b. Project 53	
15. * ESTIMATED FUNDING: * a. Federal \$ 95,256.00 * b. Applicant \$ 0.00 * c. State \$ 44,800.00 * d. Local \$ 0.00 * e. Other \$ 0.00 * f. Program Income \$ 0.00 g. TOTAL \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 02/01/2006 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Mr. * First Name: Clay Middle Name: <input type="text"/> * Last Name: Phillips Suffix: <input type="text"/> * b. Title: Reserve Manager * c. Telephone Number (give area code): 619-575-3615 * Email: cphillip@parks.ca.gov Fax Number (give area code): 619-575-6913			
d. Signature of Authorized Representative: Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov	

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
<b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
<b>5. APPLICANT INFORMATION</b>			
<b>* Legal Name:</b> T.R.N.E.R.R. Tijuana Estuary		<b>Organizational Unit:</b>	
<b>* Organizational DUNS:</b> 137515354		<b>Department:</b> [ ]	
<b>Address:</b>		<b>Division:</b> [ ]	
<b>* Street1:</b> 301 Caspian Way		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
<b>Street2:</b> [ ]		<b>Prefix:</b> Mr. <b>* First Name:</b> Clay	
<b>* City:</b> Imperial Beach <b>County:</b> San Diego		<b>Middle Name:</b> [ ]	
<b>* State:</b> CA <b>* Zip Code:</b> 91932 <b>* Country:</b> USA		<b>* Last Name:</b> Phillips	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 69-0303606		<b>Suffix:</b> [ ] <b>* Email:</b> cphillip@parks.ca.gov	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): [ ]		<b>7. * TYPE OF APPLICANT:</b> State Government	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 11.420		<b>9. * NAME OF FEDERAL AGENCY:</b> National Oceanic and Atmospheric Administration	
<b>TITLE:</b> Coastal Zone Management Estuarine Research Reserves		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Tijuana River National Estuarine Research Reserve Visitor Center Complex – Storage and Nursery Compound & Exterior Site Improvements	
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Imperial Beach, San Diego County, California			
<b>13. * PROPOSED PROJECT:</b>		<b>14. * CONGRESSIONAL DISTRICTS OF:</b>	
<b>* Start Date</b> 06/01/2006	<b>* Ending Date</b> 03/31/2007	<b>* a. Applicant</b> 53	<b>* b. Project</b> 53
<b>15. * ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
<b>* a. Federal</b> \$ 224,269.00		<b>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</b>	
<b>* b. Applicant</b> \$ 0.00		<input checked="" type="checkbox"/> YES DATE 02/01/2006	
<b>* c. State</b> \$ 96,344.00		<b>b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372</b>	
<b>* d. Local</b> \$ 0.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>* e. Other</b> \$ 0.00			
<b>* f. Program Income</b> \$ 0.00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<b>g. TOTAL</b> \$ [ ]		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b> Prefix: Mr. <b>* First Name:</b> Clay <b>Middle Name:</b> [ ] <b>* Last Name:</b> Phillips <b>Suffix:</b> [ ]			
<b>* b. Title:</b> Reserve Manager <b>* c. Telephone Number (give area code):</b> 619-575-3615			
<b>* Email:</b> cphillip@parks.ca.gov <b>Fax Number (give area code):</b> 619-575-6913			
<b>d. Signature of Authorized Representative:</b> Completed on submission to Grants.gov		<b>e. Date Signed:</b> Completed on submission to Grants.gov	

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
<b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
<b>5. APPLICANT INFORMATION</b>			
* Legal Name: T.R.N.E.R.R. Tijuana Estuary		<b>Organizational Unit:</b>	
* Organizational DUNS: 137515354		Department: [ ]	
<b>Address:</b>		Division: [ ]	
* Street1: 301 Caspian Way		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street2: [ ]		Prefix: Mr. * First Name: Clay	
* City: Imperial Beach County San Diego		Middle Name: [ ]	
* State: CA * Zip Code: 91932 * Country: USA		* Last Name: Phillips	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 69-0303606		Suffix: [ ] * Email: cphillip@parks.ca.gov	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): [ ]		* Phone Number (give area code) 619-575-3615 Fax Number (give area code) 619-575-6913	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 11.420 TITLE: Coastal Zone Management Estuarine Research Reserves		<b>7. * TYPE OF APPLICANT:</b> State Government	
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): San Diego, San Diego County, California		<b>9. * NAME OF FEDERAL AGENCY:</b> National Oceanic and Atmospheric Administration	
<b>13. * PROPOSED PROJECT:</b> * Start Date 06/01/2006 * Ending Date 06/30/2007		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Tijuana River National Estuarine Research Reserve: Border Area Improvements – Entrance Road, Water Mgt., Signage and Public Use Facilities – Planning / Permitting / Design (& minor construction)	
<b>15. * ESTIMATED FUNDING:</b> * a. Federal \$ 193,580.00 * b. Applicant \$ 0.00 * c. State \$ 84,398.00 * d. Local \$ 0.00 * e. Other \$ 0.00 * f. Program Income \$ 0.00 g. TOTAL \$ [ ]		<b>14. * CONGRESSIONAL DISTRICTS OF:</b> * a. Applicant 53 * b. Project 51	
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 02/01/2006 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b> Prefix: Mr. * First Name: Clay Middle Name: [ ] * Last Name: Phillips Suffix: [ ] * b. Title: Reserve Manager * c. Telephone Number (give area code): 619-575-3615 * Email: cphillip@parks.ca.gov Fax Number (give area code): 619-575-6913			
d. Signature of Authorized Representative: Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov	



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/31/2006		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
COUNTY OF SAN DIEGO			Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646			Division: AIRPORTS		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:			Prefix:		
1960 JOE CROSSON DR.			First Name: PETER		
City: EL CAJON			Middle Name		
County: SAN DIEGO			Last Name DRINKWATER		
State: CA			Suffix:		
Zip Code 92020			Email: PETER.DRINKWATER@sdcounty.ca.gov		
Country: USA			Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934			Fax Number (give area code) (619) 956-4801		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): RAMONA, SAN DIEGO, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RAMONA AIRPORT - PURCHASE AND INSTALL PERIMETER FENCING, GATE AND LIGHTS		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 712,500.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/03/2006 (Faxed to (916) 323.3018)		
b. Applicant \$ 1,875.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 35,625.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ .00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ .00					
g. TOTAL \$ 750,000.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name PETER		Middle Name	
Last Name DRINKWATER				Suffix	
b. Title DIRECTOR OF COUNTY AIRPORTS				c. Telephone Number (give area code) (619) 956-4800	
d. Signature of Authorized Representative <i>Peter Drinkwater</i>				e. Date Signed 01/31/06	

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FEB 02 2006  
STATE CLEARING HOUSEStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0680-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised Form

## APPLICATION PART I

For PTFP  
Use

## 1. APPLICANT

Legal Name Foundation California State University Monterey Bay 2. Employer ID # (EIN) 77-0387459  
 Organizational Unit Office of Grants & Contracts 3. DUNS # 08-241-2920  
 Mailing Address (line 1) 100 Campus Center, Building 97 Main Station Call Letters KAZU FM 90.3 Radio MHz TV Channel  
 Address (line 2 if required) \_\_\_\_\_  
 City Seaside State CA County US Zip 93955-8001

## 4. Administrative Contact

E-mail cindy\_lopez@csumb.edu

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position  
Ms. Cynthia E. Lopez Director, Office of Grants & Contracts

Phone # (831) 582-3089Fax # (831) 582-3305

## 5. Engineering Contact

Full Name Mr. Donald MussellEngineer Phone (831) 420-1571Title Consulting EngineerE-mail dmsml@well.com

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File # \_\_\_\_\_7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B

10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column

	NEW BROADCAST facility; repeater, translator	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
Population Currently Served by station	600,700			
First Service added by NEW proposed facility	0			
ADDED SERVICE to those covered by others	600,700			

12. Single  
Congressional  
District of  
Applicant1713. Other Cong. districts served by  
project (e.g., PA 1-3, NY 4, 5-9)15, 14

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 7,392  
 b. Applicant Share \$ 7,393  
 c. TOTAL \$ 14,785  
 d. Fed. % of eligible costs 50.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
02/ 3/2006

☐ NO Program is not covered by EO 12372  
 or Program has not been selected by  
State for review

16. Is applicant delinquent on  
any Federal Debt?

NO  
 Enter YES or NO  
 If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
 The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (831) 582-3089

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position  
Ms. Cynthia E. Lopez Director, Office of Grants & Contracts

Signature of authorized  
representativeDate  
signed 2/3/06

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This form expires 10/31/2006 Previous Editions NOT usable

APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0880-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

Foundation of California State University Monterey Bay seeks funding assistance to minimize service disruption by acquiring an emergency generator and uninterruptable power supply for its public radio station KAZU-FM.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

0

Auxiliary to a state Controlled  
Institute of Higher learning

## 20. Station Operations

### THIS YEAR

### NEXT YEAR IF PROJECT FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	6	40	6	40
Part-Time Staff	1	30	1	30
Volunteers	5	3	10	3
Operating Budget	\$ 847,191		\$ 889,550	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year		Y		Y	Y	
Next year		Y		Y	Y	

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

## 23. Yes (No) (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
Santa Cruz, CA	KUSP
City	Call Letters
City	Call Letters

## 25. Areas affected by this Project (Cities, Counties, States, Etc.)

Monterey County, CA; Santa Cruz County, CA; San Benito County, CA

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> November 11, 2005		Applicant Identifier																						
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																						
<b>5. APPLICANT INFORMATION</b>																										
Legal Name: Woodlake Union School District			<b>Organizational Unit:</b> Department: Woodlake Union School District																							
Organizational DUNS: 149 503 406			Division: Woodlake Family Resource Center																							
<b>Address:</b> Street: 300 West Whitney			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Dr.      First Name: Steve																							
City: Woodlake			Middle Name																							
County: Tulare			Last Name Tietjen																							
State: California		Zip Code 93286		Suffix: Ed.D.																						
Country: USA			Email: drsteve@woodlake.k12.ca.us																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0569042			Phone Number (give area code) 559 564-8081 ext 11		Fax Number (give area code) 559 564-3831																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) H Other (specify)																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Facility Fund 10-766			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development--California																							
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Woodlake, unincorporated areas of Seville, Elderwood, Three Rivers			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Woodlake Union School District eHealth Program																							
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/05      Ending Date: 6/30/07			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21      b. Project 21																							
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>100,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>100,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>200,000.00</td> </tr> </table>			a. Federal	\$	100,000.00	b. Applicant	\$	.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	100,000.00	f. Program Income	\$	.00	g. TOTAL	\$	200,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 / PROCESS FOR REVIEW ON DATE: 11/11/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	100,000.00																								
b. Applicant	\$	.00																								
c. State	\$	.00																								
d. Local	\$	.00																								
e. Other	\$	100,000.00																								
f. Program Income	\$	.00																								
g. TOTAL	\$	200,000.00																								
			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																							
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																										
<b>a. Authorized Representative</b>																										
Prefix Dr.		First Name Steve		Middle Name Max																						
Last Name Tietjen		Suffix Ed.D.		c. Telephone Number (give area code) 559 564-8081																						
b. Title Superintendent		d. Signature of Authorized Representative		e. Date Signed 11/11/05																						

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Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Cutler-Orosi Joint Unified School District			Organizational Unit: Department: school district	
Organizational DUNS: 014763627			Division:	
Address: Street: 12623 Avenue 416			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Carolyn	
City: Orosi			Middle Name W.	
County: Tulare			Last Name Kehrli	
State: CA Zip Code 93647			Suffix:	
Country: USA			Email: ckehrli@cutler-orosi.k12.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0565326			Phone Number (give area code) 559-528-6949	Fax Number (give area code) 559-528-3562
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) H Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Grant			9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orosi, Cutler, Yetttem, Badger, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: eHealth Dental Clinic	
13. PROPOSED PROJECT Start Date: March 2006 Ending Date: March 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20, 21 b. Project 20, 21	
15. ESTIMATED FUNDING: a. Federal \$ 60,000 b. Applicant c. State FEB 03 2006 d. Local e. Other STATE CLEARING HOUSE 165,166 f. Program Income g. TOTAL \$ 225,166			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix Mr. First Name Frank			Middle Name N.	
Last Name Murphy			Suffix	
b. Title Superintendent			c. Telephone Number (give area code) 559-528-4763	
d. Signature of Authorized Representative			e. Date Signed November 16, 2005	

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

December 22, 2005

Applicant Identifier

LCR No.: 2006-03

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL  
AGENCY

Federal Identifier

1. TYPE OF SUBMISSION  
Application

Preapplication

- ☒ Construction  
☐ Non-Construction

- ☐ Construction  
☐ Non-Construction

## 5. APPLICANT INFORMATION

Legal Name:

TULARE COUNTY REDEVELOPMENT AGENCY

Address (give city, county, State, and zip code):

5691 SOUTH MOONEY BOULEVARD  
VISALIA, CALIFORNIA 93277-9394

Organizational Unit:

COUNTY

Name and telephone number of person to be contacted on matters  
involving this application (give area code)STEVE HORTON, PROJECT COORDINATOR  
TULARE COUNTY REDEVELOPMENT AGENCY  
PHONE: (559)-733-6291 x4302 FAX: (559)-730-25916. EMPLOYER IDENTIFICATION NUMBER (EIN):  
94- 6000545

8. TYPE OF APPLICATION:

- ☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(s) ☐ ☐

- A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

(B.)

- A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special N. Other (Specify) \_\_\_\_\_  
District

9. NAME OF FEDERAL AGENCY:

UNITED STATES DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
10-766

TITLE: COMMUNITY FACILITES LOANS AND GRANTS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Cutler-Orosi Wastewater Treatment & Disposal Facilities  
Improvements and Additions. Project will upgrade collection system  
and treatment plant in conjunction with joint district investment and a  
U.S. EPA grant.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Unincorporated Communities of Cutler and Orosi, CA

13. PROPOSED PROJECT  
WASTEWATER TREATMENT  
IMPROVEMENTS14. CONGRESSIONAL DISTRICTS OF:  
DEVIN NUNES, 21<sup>st</sup> DISTRICTStart Date  
02/2006Ending Date  
10/2009a. Applicant  
TULARE COUNTY REDEVELOPMENT  
AGENCYb. Project  
Cutler-Orosi Wastewater Treatment & Disposal  
Facilities Improvements and Additions.

## 15. ESTIMATED FUNDING:

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 1237 PROCESS?

a. Federal	\$	2,898,000
b. Applicant	\$	0
c. State	\$	0
d. Local - CPUD/OPUD	\$	759,900
e. Other (EPA)	\$	1,000,000
f. Program Income	\$	0
g. TOTAL	\$	4,657,900

a. YES. THIS PREAPPLICATION/ APPLICATION WAS MADE  
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS

FOR REVIEW ON:

DATE December 22, 2005

- b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY  
STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation

◆ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE  
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE  
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative  
CONNIE CONWAYb. Title  
CHAIRMAN, BOARD OF DIRECTORSc. Telephone Number  
(559) 733-6271

d. Signature of Authorized

e. Date Signed  
December 21, 2005

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

## 1. TYPE OF SUBMISSION:

Application

Pre-application

☐ Construction☐ Construction☒ Non-Construction☒ Non-Construction

## 5. APPLICANT INFORMATION

Legal Name:

TOWN OF YUCCA VALLEY

Organizational DUNS:

Address:

Street:  
30928 BUSINESS CENTER DR

City:

YUCCA VALLEY

County:

SAN BERNARDINO

State:

CA

Country:

USA

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN)

33-0490143

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

14-246

TITLE (Name of Program):

CDBG/BROWNSFIELD ECONOMIC DEVELOPMENT INITIATIVE

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

TOWN OF YUCCA VALLEY

## 13. PROPOSED PROJECT

Start Date:

APPROVAL PLUS 60

Ending Date:

APPROVAL PLUS 100 DAYS

## 16. ESTIMATED FUNDING:

a. Federal \$ 99,200

b. Applicant \$

c. State \$

d. Local \$

e. Other \$

f. Program Income \$

g. TOTAL \$ 99,200

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

MR.

First Name

SHANE

Last Name

STUECKLE

b. Title

DEPUTY TOWN MANAGER

c. Signature of Authorized Representative

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## 2. DATE SUBMITTED

February 3, 2006

## 3. DATE RECEIVED BY STATE

## 4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

## Organizational Unit

Department:

COMMUNITY DEVELOPMENT DEPARTMENT

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

MR.

First Name:

SHANE

Middle Name

R.

Last Name

STUECKLE

Suffix:

Email:

SSHIFFCKLE@YUCCA-VALLEY.ORG

Phone Number (give area code)

760-369-6376

Fax Number (give area code)

760 228-0084

## 7. TYPE OF APPLICANT: (See back of form for Application Types)

C. MUNICIPALITY

Other (specify)

## 9. NAME OF FEDERAL AGENCY:

HOUSING AND URBAN DEVELOPMENT

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

CIVIC CENTER PARK

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

41ST.

b. Project

41ST.

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: FEBRUARY 3, 2006

b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No

Middle Name

R.

Suffix

c. Telephone Number (give area code)

760-369-6375

d. Date Signed

FEBRUARY 3, 2006

Standard Form 424 (Rev. 9-2000)  
Prescribed by OMB Circular A-102

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

Check here if  
Revised FormNTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550For PTFP  
Use

## 1. APPLICANT

Legal Name Radio Bilingue

Street Address (line 1) 5005 E. Belmont

Address (line 2 if required) \_\_\_\_\_

City Fresno, CA State CA County \_\_\_\_\_ Zip 93727

2. Employer ID # (EIN) 94-2472322

3. DUNS # 154638174

Main Station Call Letters \_\_\_\_\_ Radio \_\_\_\_\_ MHz \_\_\_\_\_ TV \_\_\_\_\_ Channel \_\_\_\_\_

## 4. Administrative Contact

E-mail hugom@sbcglobal.net

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Title

Mr. Hugo Morales Executive Dir

Phone # 559 455-5757Fax # 559 455-5747

## 5. Engineering Contact

Full Name Bill BachEngineer Phone (559) 455-5741Title Chief EngineerE-mail bbach@radiobilingue.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation \_\_\_\_\_6b. Old  
File # \_\_\_\_\_7. Enter "Y" if new  
FCC authorizations  
are required; see #22. \_\_\_\_\_8. Enter the  
Priority or  
Category under  
which you  
request the  
application be  
reviewed. 1

## 9. Enter letter(s) to classify project

(P) lanning or  
(C) onstruction P(R)adio or (T)V  
or (RT) for both R(B)roadcast or (N)onbroadcast  
or (BN) for both B10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit.

Enter population in the appropriate column X NEW BROADCAST facility; repeater, translator. REPLACE or augment BROADCAST EQUIPMENT DIGITAL conversion of public radio or TV station NONBROADCAST activation or expansion

Population Currently Served by station	<u>450,000</u>			
First Service added by NEW proposed facility	<u>149,167</u>			
ADDED SERVICE to those covered by others				

12. Single  
Congressional  
District of  
Applicant CA 2013. Other Cong. districts served by  
project (e.g., PA 1-3, NY 4, 5-9)

TX 21 &amp; 23

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 75,023

b. Applicant Share \$ 25,007

c. TOTAL \$ 100,030

d. Fed. % of eligible costs \_\_\_\_\_ %

## 15. Is application subject to review by Executive Order 12372?

\_\_\_\_ YES This application was made available to the  
State EO 12372 process for review on \_\_\_\_\_X NO Program is not covered by EO 12372\_\_\_\_ or Program has not been selected by  
State for review16. Is Applicant delinquent on  
any Federal Debt?

NO

Enter Yes or No  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurance and the PTFP Rules if the assistance is awarded.

Phone # (559) 455-5757

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Title

Hugo N. Morales Executive Director

Signature of authorized  
representativeDate  
signed01/23/06

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1

This form expires 10/31/2006 Previous Editions NOT usable



APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised FormFor PTFP  
Use

## 1. APPLICANT

Legal Name Valley Public Television, IncOrganizational  
Unit KVPTMailing Address  
(line 1) 1544 Van Ness AvenueAddress (line 2  
if required)City FresnoState CACounty FresnoZip 93721-2. Employer  
ID # (EIN)77-01626173. DUNS # 61-193-0918Main  
Station  
Call  
LettersKVPT TV 18  
Radio MHz TV Channel

## 4. Administrative Contact

E-mail pbrotherton@kvpt.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. PhyllisBrothertonSenior VP & CFOPhone # (559) 266-1800 ext. 42Fax # (559) 650-1880

## 5. Engineering Contact

Full Name Mr. Rodger HixonEngineer  
Phone (559) 266-1800Title Chief EngineerE-mail rhixon@kvpt.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both T(B)roadcast or (N)onbroadcast  
or (BN) for both B10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translator.REPLACE or  
augment BROADCAST  
EQUIPMENT☒ DIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Broadcast Other

Population Currently Served by station			2,500,000	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single  
Congressional  
District of  
Applicant1913. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)CA-18,19,20,21

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 393,802b. Applicant Share \$ 393,802c. TOTAL \$ 787,604d. Fed. % of eligible costs 50.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
02/02/2006☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.Phone # (559) 266-1800

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

PaulaACastadioPresident & CEOSignature of authorized  
representativeDate  
signed02-01-06

Page 1	Page 2	Other Stations in Area	FCC/Site List	Budget	Equipment
View & Print Application		Finalize Application	User settings	Log out	

APPLICATION  
FOR PTFP  
FUNDS  
OMB Approval  
0660-0003  
Expires  
10/31/2006

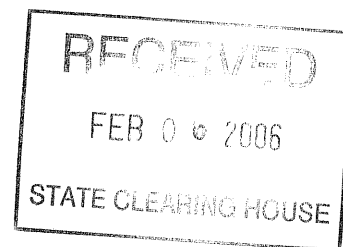
## Public Telecommunication Facilities Program

NTIA/Department of Commerce/Washington, DC 20230  
CFDA 11.550

Save Save and Continue

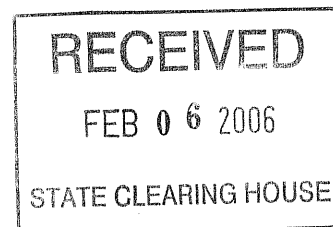
### 1. APPLICANT

Legal Name   
Organizational Unit   
Mailing Address   
  
City  State   
County   
Zip   
Main Station Call Letters Radio  MHz   
TV   
Employer ID # (EIN)   
DUNS #



### 4. Administrative Contact

Name (prefix, first, mi, last, suffix)     
Title   
Phone ()   ext.   
Fax ()    
E-mail



### 5. Engineering Contact

Full Name (prefix, full name)    
Title   
Phone ()    
Email

### PROJECT INFORMATION

### 6. Reactivation

☒ No ☐ Yes Old File #

### 7. New FCC authorizations are required

☐ No ☒ Yes

### 8. Enter the Priority or Category under which you request the

application be reviewed ⓘ

## 9. Classify project ⓘ

☐ Planning or ☒ Construction☒ Radio or ☐ TV or ☐ Both☒ Broadcast or ☐ Nonbroadcast or ☐ Both

## 10. Length of Project (# of months) ⓘ

12

Save

Save and Continue

# APPLICATION FOR FEDERAL ASSISTANCE

## 1. TYPE OF SUBMISSION:

Application

☐ Construction☐ Non-Construction

Preapplication

☒ Construction☐ Non-Construction

## 2. DATE SUBMITTED

1/26/06

Applicant Identifier

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

Anderson Valley Health Center, Inc.

Organizational DUNS:

110253689

Address:

Street:  
13500 Airport Road, P.O. Box 338

City:

Boonville

County:

Mendocino

State:

CA

ZIP:

95415

Country:

USA

Organizational Unit:

Department:

Division:

NA

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Prefix:

First Name:

Judith

Middle Name:

Ann

Last Name:

Dolan

Suffix:

MSN

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 3 4 7 4 2 4

Phone Number (give area code):

707 895 3477

FAX Number (give area code):

707 895 2035

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):  
(See back of form for description of letters)

Other (specify):

## 7. TYPE OF APPLICANT: (See back of form for Application Types):

O. Not for Profit Organization

Other (Specify):

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER:

1 0 - 7 6 6

TITLE: (Name of Program):

Community Facilities Loans

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Anderson Valley: Boonville, Yorkville, Philo, Navarro  
Mendocino County, California

## 13. PROPOSED PROJECT:

Start Date

1/1/06

Ending Date

1/1/07

## 15. ESTIMATED FUNDING:

a. Federal

\$

RECEIVED

1,500,000.00

b. Applicant

\$

1,000,000.00

c. State

\$

FEB 06 2006

d. Local

\$

e. Other

\$

STATE CLEARING HOUSE

400,000.00

f. Program Income

\$

g. TOTAL

\$

2,900,000

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

1<sup>st</sup> District-Mendocino

b. Project

1<sup>st</sup> District- Mendocino

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. ☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADEAVAILABLE TO THE STATE EXECUTIVE ORDER 12372  
PROCESS FOR REVIEW ON:

DATE 1/27/06

b. ☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM

HAS NOT BEEN SELECTED STATE FOR REVIEW

## 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES

If "Yes," attach an explanation.

☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY  
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Authorized Representative

Prefix

First Name

Judith

Middle Name

Ann

Last Name

Dolan

Suffix

MSN

b. Title

Executive Director

c. Telephone Number (give area code)

707 895 3477

d. Signature of Authorized Representative

e. Date Signed

1/30/06

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>2/6/2006</u>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
6. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: <u>CIRCLE OAKS COUNTY WATER DISTRICT</u>		Organizational Unit: Department:		RECEIVED FEB 06 2006	
Organizational DUNS:		Division:			
Address: Street: <u>380 CIRCLE OAKS DRIVE</u>		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: <u>NAPA</u>		Prefix:		First Name: <u>JOHN</u>	
County: <u>NAPA</u>		Middle Name		<u>FULTON</u>	
State: <u>CA</u>		Last Name		<u>MAC DONALD</u>	
Zip Code <u>94558</u>		Suffix:			
Country: <u>USA</u>		Email: <u>jmac700@starband.net</u>			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-28688001</u>		Phone Number (give area code)		Fax Number (give area code)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>G</u> Other (specify)			
Other (specify)		9. NAME OF FEDERAL AGENCY: <u>USDA</u>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>12-700</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>WATER SYSTEM UPGRADE</u>			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>CIRCLE OAK SUBDIVISION-Napa County, CA</u>					
13. PROPOSED PROJECT Start Date: <u>6/1/2006</u> Ending Date: <u>6/30/2009</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>M. THOMPSON</u> b. Project <u>M. THOMPSON</u>			
15. ESTIMATED FUNDING: a. Federal \$ <u>1705175.00</u> b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ <u>1705175.00</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix <u>MR</u> First Name <u>JOHN</u> Middle Name <u>FULTON</u> Last Name <u>MAC DONALD</u> Suffix b. Title <u>GENERAL MANAGER</u> c. Telephone Number (give area code) <u>(707) 254-7796</u> d. Signature of Authorized Representative <u>John Fulton</u> A. Date Signed					

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APPLICATION FOR  
FEDERAL ASSISTANCE

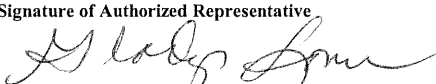
Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>2/6/2006</u>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: <u>CIRCLE OAKS COUNTY WATER DISTRICT</u>			Organizational Unit: Department: Division:		
Organizational DUNS:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: <u>380 CIRCLE OAKS DRIVE</u>			Prefix: First Name: <u>JOHN</u>		
City: <u>NAPA</u>			Middle Name: <u>FULTON</u>		
County: <u>NAPA</u>			Last Name: <u>MAC DONALD</u>		
State: <u>CA</u> Zip Code: <u>94558</u>			Suffix:		
Country: <u>USA</u>			Email: <u>mac700@starboard.net</u>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-2868801</u>			Phone Number (give area code) Fax Number (give area code) <u>(707) 254-7796 (707) 254-9880</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box (es) (See back of form for description of letters.))			7. TYPE OF APPLICANT: (See back of form for Application Types) <u>G</u> Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: <u>USDA</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>20-760</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>SEWER SYSTEM UPGRADE</u>		
TITLE (Name of Program): <u>Water and Waste Disposal Loan &amp; Grant</u>					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Program</u>					
<u>CIRCLE OAKS SUBDIVISION - NAPA COUNTY, CA</u>					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: <u>6-01-06</u> Ending Date: <u>6-30-07</u>			a. Applicant <u>M. THOMPSON</u> b. Project <u>M. THOMPSON</u>		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ <u>87000.</u>			a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$			DATE:		
c. State \$			b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ <u>87000.</u>					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix <u>MR</u>		First Name <u>JOHN</u>		Middle Name <u>FULTON</u>	
Last Name <u>MAC DONALD</u>				Suffix	
b. Title <u>GENERAL MANAGER</u>				c. Telephone Number (give area code) <u>(707) 254-7796</u>	
d. Signature of Authorized Representative <u>John Mac Donald</u>				e. Date Signed <u>2/6/2006</u>	
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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name <b>Los Angeles County Metropolitan Transportation Authority</b>		Organizational Unit: <b>Regional Program Management</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Steve Henley (213) 922-3093</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  New    Continuation    x Revision  If Revision, enter appropriate letter(s) in box(es): <b>A</b>  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District    N Other (Specify) _____  <b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 5 07</b> <b>TITLE 49 U.S.C. § 5309</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>CA-03-0508-06 – Metro Gold Line Eastside Extension</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date  <b>04/08/01</b>	Ending Date  <b>12/31/09</b>	a. Applicant  25 through 39, 42, 46	b. Project  29, 31, 32 and 34

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 78,408,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>02/6/06</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 19,602,000.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 98,010,000.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative  <b>Gladys Lowe</b>	b Title Director Regional Program Management	c Telephone number  <b>(213) 922-2459</b>
d. Signature of Authorized Representative 	e. Date Signed  <b>2-6-06</b>	

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**RECEIVED****FEB 09 2006****STATE CLEARING HOUSE**

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 9/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> [ ]		Applicant Identifier [ ]	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> [ ]		State Application Identifier [ ]	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> [ ]		* Federal Identifier NOSOCRM-2006-2000469	
<b>5. APPLICANT INFORMATION</b>					
* Legal Name: REGENTS OF UNIVERSITY OF CALIFORNIA, DAVIS			Organizational Unit: Department: OFFICE OF GRADUATE STUDIES		
* Organizational DUNS: 047120084			Division: [ ]		
<b>Address:</b>			Name and telephone number of person to be contacted on matters involving this application (give area code)		
* Street1: C/O SPONSORED PROGRAMS, OVCR			Prefix: Ms. * First Name: DEBORAH		
Street2: 250 MRAK HALL, 1 SHIELDS AVENUE			Middle Name: [ ]		
* City: DAVIS County [ ]			* Last Name: MCCOOK		
* State: CA * Zip Code: 95616 * Country: USA			Suffix: [ ] * Email: DLMCCOOK@UCDAVIS.EDU		
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6036494			* Phone Number (give area code) 530-752-0653 Fax Number (give area code) [ ]		
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): [ ]			<b>7. * TYPE OF APPLICANT:</b> e-Controlled Institution of Higher Education		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 11.420 TITLE: Coastal Zone Management Estuarine Research Reserves			<b>9. * NAME OF FEDERAL AGENCY:</b> National Oceanic and Atmospheric Administration		
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): SAN FRANCISCO BAY NERR ELKHORN SLOUGH NERR			<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Does disturbance facilitate marine biological invasions? The role of invasive gastropods and eutrophication in mudflat communities within the National Estuarine Research Reserve System		
<b>13. * PROPOSED PROJECT:</b>			<b>14. * CONGRESSIONAL DISTRICTS OF:</b>		
* Start Date 06/01/2006		* Ending Date 05/31/2007		* a. Applicant 1	
				* b. Project CALIFORNIA	
<b>15. * ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
* a. Federal \$ 19,933.20			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 10/01/2006		
* b. Applicant \$ 8,566.80			b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
* c. State \$ 0.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
* d. Local \$ 0.00					
* e. Other \$ 0.00					
* f. Program Income \$ 0.00					
g. TOTAL \$ [ ]			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b> Prefix: Ms. * First Name: EDWARD Middle Name: P * Last Name: CASWELL-CHEN Suffix: [ ]					
* b. Title: ASSOCIATE DEAN, OFFICE OF GRADUATE STUDIES * c. Telephone Number (give area code): 530-752-0653					
* Email: DLMCCOOK@UCDAVIS.EDU Fax Number (give area code): 530-752-6222					
d. Signature of Authorized Representative:			e. Date Signed: Completed on submission to Grants.gov		

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STATE CLEARING HOUSE

Standard Form 424 (Rev. x-xx)

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## JGET INFORMATION - Non-Construction Progr

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. FELLOWSHIP	11.420	\$ 0.00	\$ 0.00	\$ 19,933.20	\$ 8,566.80	\$ 28,500.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) FELLOWSHIP	(2)	(3)	(4)	
a. Personnel	\$ 8,500.00	\$ 4,500.00	\$	\$	\$ 14,000.00
b. Fringe Benefits	123.50				
c. Travel		1,000.00			
d. Equipment					
e. Supplies	3,087.59	2,288.00			
f. Contractual					
g. Construction					
h. Other	5,973.00				
i. Total Direct Charges (sum of 6a-6h)					\$
j. Indirect Charges	1,269.11	778.80			\$
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

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Prescribed by OMB (Circular A-102)

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. FELLOWSHIP 11.420	\$ 8,568.80	\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$ 4,983.30	\$ 4,983.30	\$ 4,983.30	\$ 4,983.30
14. Non-Federal	\$	\$ 2,139.20	\$ 2,139.20	\$ 2,139.20	\$ 2,139.20
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. FELLOWSHIP	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	

SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		▲ ▼	22. Indirect Charges:		▲ ▼
23. Remarks:					

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

Check here if  
Revised Form

## APPLICATION PART I

### 1. APPLICANT

Legal Name KOCE-TV Foundation

Organizational Unit KOCE-TV

Mailing Address (line 1) 15751 Gothard Street

Address (line 2 if required)

City Huntington Beach

State CA

County Orange

Zip 92647-0476

2. Employer ID # (EIN)

95-6002272

3. DUNS #

03-738-7057

Main Station Call Letters

KOCE TV 50

Radio MHz TV Channel

### 4. Administrative Contact

E-mail mrogers@koce.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. Mel

Rogers

President

Phone # (714) 895-5623

Fax # (714) 895-0852

### 5. Engineering Contact

Full Name Mr. Gordon Smith

Engineer Phone (714) 895-5623

Title Chief Engineer

E-mail gsmith@koce.org

### PROJECT INFORMATION

6a. Enter "Y" if Reactivation N

6b. Old File #

7. Enter "Y" if new FCC authorizations are required N

8. Enter the Priority or Category under which you request the application be reviewed

9. Enter letter(s) to classify project

(P)lanning or (C)onstruction C

(R)adio or (T)V or (RT) for both T

(B)roadcast or (N)onbroadcast or (BN) for both B

10. Length of Project (# of months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column

NEW BROADCAST facility, repeater, translator.

REPLACE or augment BROADCAST EQUIPMENT

☒ DIGITAL conversion of public radio or TV station

NONBROADCAST activation or expansion

Population Currently Served by station			14,000,000	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

Broadcast Other

12. Single Congressional District of Applicant

46

13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)

CA22, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 42, 43, 44, 46, 47, 48

### 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 631,790

b. Applicant Share \$ 631,790

c. TOTAL \$ 1,263,580

d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the State EO 12372 process for review on 02/02/2006

☐ NO Program is not covered by EO 12372 or Program has not been selected by State for review

16. Is applicant delinquent on any Federal Debt?

NO

Enter YES or NO If YES, attach explanation.

### 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (714) 895-5623

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. Mel

Rogers

President

Signature of authorized representative

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# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

**18. Summary of application (Summarize the purposes of the application in a few sentences.)**

KOCE-TV is applying for funds to replace obsolete analog studio and field equipment with new HDTV studio and field equipment, as well as associated test equipment and a master control switcher.

**19. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

**20. Station Operations**

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	35	40	35	40
Part-Time Staff	31	10	31	10
Volunteers	100	2	100	2
Operating Budget	\$ 9,800,000		\$ 9,800,000	

**21. Public Broadcasting Affiliations**

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y					
Next year	Y					

**22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

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**23. Yes (No)**  
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project?  
Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

**24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

City	Call Letters
Los Angeles, CA	KLCS
City	Call Letters
Los Angeles, CA	KCET
City	Call Letters
San Bernardino, CA	KVCR

**25. Areas affected by this Project (Cities, Counties, States, Etc.)**

Los Angeles County, Orange County, and portions of Riverside, San Bernardino, Ventura and San Diego counties

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> January 24, 2006	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> Valley Teen Ranch	<b>Organizational Unit:</b> Same
<b>Address (give city, county, State, and zip code):</b> 2610 W. Shaw Ave. #105, Fresno CA 93711	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Connie Clendenan, C.E.O., 559-437-1144

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 — 2 9 0 1 0 7 8           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-top: -20px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Non-Profit Organization</u> </div> </div>
---	---

<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span>  <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>           A. Increase Award            D. Decrease Duration         </div> <div>           B. Decrease Award            Other(specify):         </div> <div>           C. Increase Duration         </div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b>  U.S.D.A. United States Dept. of Agriculture
---	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">             1 0 — 7 6 6           </div>  <b>TITLE:</b>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  Upgrade 17 year old existing water system by installing a new water system to ensure a supply of high quality water and reduce maintenance costs.
---	---

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 New equipment and system will be placed on same location as exists

<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>								
<table style="width:100%;"> <tr> <td style="width:15%;">Start Date</td> <td style="width:15%;">Ending Date</td> <td style="width:70%;">a. Applicant</td> </tr> <tr> <td>3/1/06</td> <td>5/1/06</td> <td>Madera County</td> </tr> </table>	Start Date	Ending Date	a. Applicant	3/1/06	5/1/06	Madera County	<table style="width:100%;"> <tr> <td style="width:15%;">b. Project</td> <td style="width:85%;">Madera County</td> </tr> </table>	b. Project	Madera County
Start Date	Ending Date	a. Applicant							
3/1/06	5/1/06	Madera County							
b. Project	Madera County								

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; font-size: x-small;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">100,000<sup>00</sup></td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">00<sup>00</sup></td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">00<sup>00</sup></td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">00<sup>00</sup></td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">00<sup>00</sup></td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">00<sup>00</sup></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">100,000<sup>00</sup></td></tr> </table>	a. Federal	\$	100,000 <sup>00</sup>	b. Applicant	\$	00 <sup>00</sup>	c. State	\$	00 <sup>00</sup>	d. Local	\$	00 <sup>00</sup>	e. Other	\$	00 <sup>00</sup>	f. Program Income	\$	00 <sup>00</sup>	g. TOTAL	\$	100,000 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	100,000 <sup>00</sup>																				
b. Applicant	\$	00 <sup>00</sup>																				
c. State	\$	00 <sup>00</sup>																				
d. Local	\$	00 <sup>00</sup>																				
e. Other	\$	00 <sup>00</sup>																				
f. Program Income	\$	00 <sup>00</sup>																				
g. TOTAL	\$	100,000 <sup>00</sup>																				

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes If "Yes," attach an explanation. ☐ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

<b>a. Type Name of Authorized Representative</b> Connie Clendenan	<b>b. Title</b> Chief Executive Officer	<b>c. Telephone Number</b> (559) 437-1144
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 1/30/06

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## APPLICATION PART I

## Public Telecommunications Facilities Program

National Telecommunications and Information Administration  
U.S. Department of Commerce/Washington, DC 20230  
CFDA 11.550Check here if  
Revised FormFor PTFP  
Use

## 1. APPLICANT

Legal Name Youth Radio  
Organizational Unit Youth Radio  
Mailing Address (line 1) 1809 University Avenue  
Address (line 2 if required) \_\_\_\_\_  
City Berkeley State CA County Alameda Zip 94703-

2. Employer ID # (EIN) 94-3180825  
3. DUNS # 84-726-3522  
Main Station Call Letters \_\_\_\_\_ Radio \_\_\_\_\_ MHz \_\_\_\_\_ TV \_\_\_\_\_ Channel \_\_\_\_\_

## 4. Administrative Contact

E-mail ellino@youthradio.org

Mr., Ms., Dr. First Name Ms. Ellin M. I. \_\_\_\_\_ Last Name O'Leary Jr. etc. \_\_\_\_\_ Position President and Executive Producer

Phone # (510) 841-5123Fax # (510) 841-9804

## 5. Engineering Contact

Full Name Mr. Timothy McGovernEngineer Phone (510) 841-5123Title Technical DirectorE-mail tmcg@youthradio.org

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## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File # \_\_\_\_\_7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

9. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both N 10. Length of Project (# of months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column

	NEW BROADCAST facility; repeater, translator.	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
--	---	--	--	--------------------------------------

Population Currently Served by station				1,300
First Service added by NEW proposed facility				120
ADDED SERVICE to those covered by others				100

Special Applicant

12. Single  
Congressional  
District of  
Applicant913. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)6, 7, 8

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 30,040  
b. Applicant Share \$ 30,040  
c. TOTAL \$ 60,080  
d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
02/06/2006

☐ NO \_\_\_\_\_ Program is not covered by EO 12372  
\_\_\_\_\_ or Program has not been selected by  
State for review

16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.  
Phone # (510) 841-5123

Mr., Ms., Dr. First Name Ms. Ellin M. I. \_\_\_\_\_ Last Name O'Leary Jr. etc. \_\_\_\_\_ Position President and Executive Producer

Signature of authorized  
representative \_\_\_\_\_Date  
signed \_\_\_\_\_

# Public Telecommunications Facilities Program

U.S. Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

**18. Summary of application (Summarize the purposes of the application in a few sentences.)**

Youth Radio, in collaboration with San Francisco State University and CENIC, respectfully requests support of the Remote Classroom project from NTIA/PTFP. Remote Classroom will establish the infrastructure and technology in order to build connectivity to offer interactive distance learning coursework to underserved young people for college credit at Youth Radio's Downtown Digital Media Center in Oakland, CA.

**19. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

**20. Station Operations**

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	20	40	25	40
Part-Time Staff	20	20	20	20
Volunteers	30	10	30	10
Operating Budget	\$ 2,400,000		\$ 2,500,000	

**21. Public Broadcasting Affiliations**



Check if nonbroadcast application and therefore Q. 21 Not Applicable

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

**22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes ☒ No  
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project?  
Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

**24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

City	Call Letters
<input type="text"/>	<input type="text"/>
City	Call Letters
<input type="text"/>	<input type="text"/>
City	Call Letters
<input type="text"/>	<input type="text"/>

**25. Areas affected by this Project (Cities, Counties, States, Etc.)**

San Francisco Bay Area including Marin, Contra Costa, Alameda, and San Francisco counties

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 02/16/06	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646		Division: AIRPORTS		
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov Phone Number (give area code): (619) 956-4839 Fax Number (give area code): (619) 956-4800		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000934		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): BORREGO SPRINGS, SAN DIEGO, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: BORREGO VALLEY AIRPORT - LAND ACQUISITION AND ENVIRONMENTAL ASSESSMENT FOR WEST RUNWAY PROTECTION ZONE		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52		
15. ESTIMATED FUNDING: a. Federal \$ 475,000 b. Applicant \$ 1,250 c. State \$ 23,750 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 500,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/21/06 (FAX (916) 323-3018) b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix First Name PETER Middle Name L. Last Name DRINKWATER b. Title DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative Peter Drinkwater		c. Telephone Number (give area code) (619) 956-4800 e. Date Signed 2/16/06		



Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier 68-0386518	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: The CSU, Chico Research Foundation			Organizational Unit: Department:		
Organizational DUNS: 612177162			Division:		
<b>Address:</b> Street: CSU, Chico, Building 25			<b>RECEIVED</b>  <b>FEB 15 2006</b>  <b>STATE CLEARING HOUSE</b>		
City: Chico			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Butte			Prefix: First Name: Carol		
State: CA			Middle Name		
Zip Code 95929-0870			Last Name Sager		
Country: USA			Suffix:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0386518			Email: casager@csuchico.edu		
			Phone Number (give area code) 530-898-5700		
			Fax Number (give area code) 530-898-6804		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Nonprofit 501 (c)3 Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 11-303			<b>9. NAME OF FEDERAL AGENCY:</b> Economic Development Agency (EDA)		
TITLE (Name of Program): EDA University Center Program			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Center for Economic Development/CSU, Chico Research Foundation's Funding Proposal for the Economic Development Administration, Department of Commerce's University Center Economic Development Program		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Northern California			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant Second b. Project Second		
<b>13. PROPOSED PROJECT</b> Start Date: 07/01/06 Ending Date: 06/30/09			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/16/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>15. ESTIMATED FUNDING:</b>			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 110,000.00					
b. Applicant \$ 66,666.00					
c. State \$ .00					
d. Local \$ .00					
e. Other \$ .00					
f. Program Income \$ .00					
g. TOTAL \$ 176,666.00					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Authorized Representative Prefix First Name Carol			Middle Name		
Last Name Sager			Suffix		
b. Title Director, Office of Sponsored Programs			c. Telephone Number (give area code) 530-898-5700		
d. Signature of Authorized Representative			e. Date Signed 2/15/06		